

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/032978 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
<del>1</del>							51						
<del>2</del>							52						
<del>3</del>							53						
<del>4</del>							54						
<del>5</del>							55						
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<del>9</del>							59						
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<del>49</del>							99						
<del>50</del>							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	33						TOTAL CLAIMS						